



ANNEX 2

Please complete the Final Entry Form and return them by email to the organizing committee (info@sportschuetzen-auer.it)

FINAL ENTRY FORM SINGLE MIXED TEAM											
name of delegation (Club,...)											
contact person											
e-mail address											
phone number											
Starting Position	First name	family name	date of birth			Category (Mark with a cross)					
			DD	MM	YY	JW	JM	W	M	Master W	Master M
Team__											
Team__											
Team__											
Team__											
Team__											

Note: Please return the form typed on pc only!

PLEASE RETURN BY 24 APRIL 2020

Competition Manager:
Mr. Engelbert Zelger

Organizing Committee:
TSN Ora
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